

DALLAS BY DEFINITION

The following information is to be used exclusively for lining up respondents for panel discussion, taste tests, etc. Questions? 972-869-2366.
Sent this form to us! Fax to : 972-869-9174 Email to: info@dallasbydefinition.com or mail to: 511 E. John Carpenter Frwy, Suite 100, Irving TX 75062.

Email Address: _____ Pager No: _____

Mobile Phone: _____ Home Phone: _____ Fax No: _____

Name: (Mr)(Mrs)(Ms) _____ Work Phone: _____ Ext _____ Fax No: _____

Spouse: (Mr)(Mrs)(Ms) _____ Work Phone: _____ Ext _____ Fax No: _____

Address: _____ City: _____ ZipCode: _____

Your Occupation Title: _____ Spouse's Occupation Title: _____

Your Employer: _____ Spouse's Employer: _____

of Local Employees: _____ # of World Wide Employees: _____ # of Local Employees: _____ # of World Wide Employees: _____

Your D.O.B. (Date of Birth) _____ Spouse's D.O.B. _____

Education (Last Grade Completed) You: _____ Spouse's Education: _____

Religious Preference: _____ Religious Preference: _____

Are You: Caucasian	()	Spouse: Caucasian	()	Do You: Rent	()
Hispanic	()	Hispanic	()	Own	()
Black	()	Black	()	Condo	()
Asian	()	Asian	()	House	()
Other	() _____	Other	() _____	Other	()

Household Pets: Cats _____ Dog _____ Other _____

Are you a registered Voter: Yes () No () Affiliation _____ Is Your Spouse: Yes () No () Affiliation _____

Your Automobile: Make _____ Model _____ Year _____

Was it bought: New _____ Used _____ Leased _____

Spouse Auto: Make _____ Model _____ Year _____

Was it bought: New _____ Used _____ Leased _____

What other Marketing Research Companies do you participate with: _____

Do you own or use any of the following (check all that apply) Sports _____

Coffee	()Brands _____	Contact Lenses	()	Master Card	()
Wine	()Brands _____	Tivo/DVR	()	Visa	()
Beer	()Brands _____	Cable T.V.	()	American Express	()
Liquor	()Brands _____	Satellite Dish	()	Radio Listener	() Stations _____
Home Computer	()Type _____	Satellite Radio	()	Work Computer	()
Internet Service	()Type _____	Type of Razor: Refillable	() Disposable	()	

Do you smoke cigarettes: Yes () No () Brand _____ Does your spouse: Yes () No () Brand _____

Does anyone in your family travel by air: Yes () No (). How many times yearly: _____ Most used airlines: _____

Do you have children: Yes () No () DOB: _____ Sex: _____ DOB: _____ Sex: _____ DOB: _____ Sex: _____ DOB: _____ Sex: _____

Who is your phone service provider: Local: _____ Long Distance: _____ Cellular: _____

Is your household income:

Under \$ 15,000	()	\$ 45,000 - \$ 60,000	()
\$ 15,000 - \$ 20,000	()	\$ 60,000 - \$ 80,000	()
\$ 20,000 - \$ 30,000	()	\$ 80,000 - \$ 100,000	()
\$ 30,000 - \$ 40,000	()	\$ 100,000 & Over	()

Any Medications/Medical Conditions: _____